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B22A (Official Form 22A) (Chapter 7) (04/10)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
In re: Rice, Joshua D & Rice, Christy M Debtor(s)	☐ The presumption arises☐ The presumption does not arise☐ The presumption is temporarily inapplicable.
Case Number:	

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

	n 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 0 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B in	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
✓	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
of 10 de of ten Re to co ex yo	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 01(d)(1)) after September 11, 2001, for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this emporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of teservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the op of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before our exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries elow, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve omponent of the Armed Forces or the National Guard a. \[\] I was called to active duty after September 11, 2001, for a period of at least 90 days and \[\] I remain on active duty /or/ \[\] Was released from active duty on \[\] was released from active duty on \[\] which is less than 540 days before this bankruptcy case was filed; OR b. \[\] I am performing homeland defense activity for a period of at least 90 days, terminating on \[\] which is less than 540 days before this bankruptcy case was filed.

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. \(\subseteq\) Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both 2 Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during Column A Column B the six calendar months prior to filing the bankruptcy case, ending on the last day of the Debtor's Spouse's month before the filing. If the amount of monthly income varied during the six months, you Income Income must divide the six-month total by six, and enter the result on the appropriate line. \$ 3 \$ Gross wages, salary, tips, bonuses, overtime, commissions. **Income from the operation of a business, profession or farm.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. 4 Gross receipts \$ Ordinary and necessary business expenses Subtract Line b from Line a Business income \$ \$ **Rent and other real property income.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. 5 \$ Gross receipts \$ Ordinary and necessary operating expenses b. Rent and other real property income Subtract Line b from Line a \$ \$ \$ 6 Interest, dividends, and royalties. 7 Pension and retirement income. \$ \$ Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for 8 that purpose. Do not include alimony or separate maintenance payments or amounts paid \$ \$ by your spouse if Column B is completed. **Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: 9 Unemployment compensation claimed to be a benefit under the Debtor \$ _____ Social Security Act Spouse \$ \$

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10	Income from all other sources. Specify source and amount. If necessary, list sources on a separate page. Do not include alimony or separate maintenary paid by your spouse if Column B is completed, but include all other pays alimony or separate maintenance. Do not include any benefits received undescurity Act or payments received as a victim of a war crime, crime against the a victim of international or domestic terrorism.	nce payments ments of der the Social		
	a.	\$		
	b.	\$		
	Total and enter on Line 10		\$	\$
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter to		s, \$	\$
12	Total Current Monthly Income for § 707(b)(7). If Column B has been con Line 11, Column A to Line 11, Column B, and enter the total. If Column B h completed, enter the amount from Line 11, Column A.		\$	
	Part III. APPLICATION OF § 707(B)(7) E	XCLUSION	1	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amound 12 and enter the result.	nt from Line 1	2 by the number	\$
14	Applicable median family income. Enter the median family income for the household size. (This information is available by family size at www.usdoj.g the bankruptcy court.)			
	a. Enter debtor's state of residence: b. Enter	debtor's hou	sehold size:	\$
15	Application of Section707(b)(7). Check the applicable box and proceed as a □ The amount on Line 13 is less than or equal to the amount on Line 1 not arise" at the top of page 1 of this statement, and complete Part VIII; a□ The amount on Line 13 is more than the amount on Line 14. Comple	4. Check the do not comple	ete Parts IV, V, VI	, or VII.
	Complete Parts IV, V, VI, and VII of this statement only	y if requir	ed. (See Line 1	5.)
	Part IV. CALCULATION OF CURRENT MONTHLY I	NCOME F	OR § 707(b)(2)	
16	Enter the amount from Line 12.			\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional			
	a.		\$	
	b.		\$	
	c.		\$	
	Total and enter on Line 17.			\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 ar	nd enter the re	sult.	\$
	Part V. CALCULATION OF DEDUCTIONS F	ROM INC	OME	
	Subpart A: Deductions under Standards of the Internal	Revenue Ser	vice (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the National Standards for Food, Clothing and Other Items for the applicable how is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	usehold size.		\$

www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for 19B household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Household members under 65 years of age Household members 65 years of age or older Allowance per member a1. Allowance per member a2. b2. b1. Number of members Number of members c2. c1. Subtotal Subtotal Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing 20A and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this © 1993-2010 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. 20B IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 Subtract Line b from Line a Net mortgage/rental expense Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: 21 Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.

Check the number of vehicles for which you pay the operating expenses or for which the operating

If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk

Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an

additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at

expenses are included as a contribution to your household expenses in Line 8.

www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)

22A

22B

 $\square 0 \square 1 \square 2$ or more.

of the bankruptcy court.)

National Standards: health care. Enter in Line all below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for

\$

\$

\$

\$

Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at

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	whic	al Standards: transportation ownership/lease expense; Vehicle 1. On you claim an ownership/lease expense. (You may not claim an ownerstwo vehicles.)		
		2 or more.		
		r, in Line a below, the "Ownership Costs" for "One Car" from the IRS		
22		sportation (available at www.usdoj.gov/ust/ or from the clerk of the babtal of the Average Monthly Payments for any debts secured by Vehic		
23		act Line b from Line a and enter the result in Line 23. Do not enter a		
	a.	IRS Transportation Standards, Ownership Costs	\$	
		Average Monthly Payment for any debts secured by Vehicle 1, as		
	b.	stated in Line 42	\$	
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
		Il Standards: transportation ownership/lease expense; Vehicle 2. Geed the "2 or more" Box in Line 23.	Complete this Line only if you	
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42;			
	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all			\$
26	payro	er Necessary Expenses: involuntary deductions for employment. En pll deductions that are required for your employment, such as retirement inform costs. Do not include discretionary amounts, such as volunts.	ent contributions, union dues,	\$
27	for te	er Necessary Expenses: life insurance. Enter total average monthly perm life insurance for yourself. Do not include premiums for insurance le life or for any other form of insurance.		\$
28	Othe requi	er Necessary Expenses: court-ordered payments. Enter the total mored to pay pursuant to the order of a court or administrative agency, so	uch as spousal or child support	
	payn	nents. Do not include payments on past due obligations included in	Line 44.	\$
		er Necessary Expenses: education for employment or for a physical. Enter the total average monthly amount that you actually expend for		
29		oyment and for education that is required for a physically or mentally		
		n no public education providing similar services is available.		\$
2.0		er Necessary Expenses: childcare. Enter the total average monthly an		
30		nildcare — such as baby-sitting, day care, nursery and preschool. Do nents.	not include other educational	\$
	1	er Necessary Expenses: health care. Enter the total average monthly	amount that you actually	
31	expe	nd on health care that is required for the health and welfare of yoursel	f or your dependents, that is not	
31	Line	bursed by insurance or paid by a health savings account, and that is in 19B. Do not include payments for health insurance or health savi	ngs accounts listed in Line 34.	\$
32	you a servi neces	er Necessary Expenses: telecommunication services. Enter the total actually pay for telecommunication services other than your basic home ce—such as pagers, call waiting, caller id, special long distance, or is sary for your health and welfare or that of your dependents. Do not in acted.	ne telephone and cell phone nternet service — to the extent	\$
33		l Expenses Allowed under IRS Standards. Enter the total of Lines	19 through 32.	\$
33	1014	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. , unough 52.	Ψ

			ditional Living Expense Deductions y expenses that you have listed in Lines 19-32	
	expe		Health Savings Account Expenses. List the monthly low that are reasonably necessary for yourself, your	
	a.	Health Insurance	\$	
24	b.	Disability Insurance	\$	
34	c.	Health Savings Account	\$	
	Total	l and enter on Line 34		\$
		ou do not actually expend this total amou pace below:	nt, state your actual total average monthly expenditures in	
	\$			
35	mont elder	thly expenses that you will continue to pay	hold or family members. Enter the total average actual for the reasonable and necessary care and support of an our household or member of your immediate family who is	\$
Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			\$	
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			\$
38	you a secon trust	actually incur, not to exceed \$147.92* per ondary school by your dependent children le	ess than 18. Enter the total average monthly expenses that child, for attendance at a private or public elementary or ss than 18 years of age. You must provide your case spenses, and you must explain why the amount claimed accounted for in the IRS Standards.	\$
39	cloth Natio	onal Standards, not to exceed 5% of those c	he total average monthly amount by which your food and ces for food and clothing (apparel and services) in the IRS combined allowances. (This information is available at akruptcy court.) You must demonstrate that the necessary.	\$
40			amount that you will continue to contribute in the form of anization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$
41	Tota	l Additional Expense Deductions under	§ 707(b). Enter the total of Lines 34 through 40	\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Subpart C: Deductions for Debt Payment Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. Average Does payment 42 Monthly include taxes or Name of Creditor Payment Property Securing the Debt insurance? \$ yes no \$ b. yes no \$ c. yes no Total: Add lines a, b and c. \$ Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents. you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 1/60th of the 43 Name of Creditor Property Securing the Debt Cure Amount \$ b. Total: Add lines a, b and c. \$ Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, 44 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. \$ Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. Projected average monthly chapter 13 plan payment. Current multiplier for your district as determined under 45 schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy X court.) Average monthly administrative expense of chapter 13 Total: Multiply Lines a case and b \$ \$ 46 **Total Deductions for Debt Payment.** Enter the total of Lines 42 through 45. **Subpart D: Total Deductions from Income**

Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.

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48		N					
	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$				
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))		\$				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the	result.	\$				
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the numenter the result.	ber 60 and	\$				
	Initial presumption determination. Check the applicable box and proceed as directed.	Initial presumption determination. Check the applicable box and proceed as directed.					
	The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does of this statement, and complete the verification in Part VIII. Do not complete the remainded		e top of page 1				
52	The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complet the remainder of Part VI.						
	The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the 53 though 55).	remainder of I	Part VI (Lines				
53	Enter the amount of your total non-priority unsecured debt		\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and e result.	nter the	\$				
	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presum arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete VII.							
	Part VII. ADDITIONAL EXPENSE CLAIMS						
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	and welfare of you and your family and that you contend should be an additional deduction from	om your curren	t monthly				
. .	and welfare of you and your family and that you contend should be an additional deduction from under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All	om your curren	t monthly d reflect your				
56	and welfare of you and your family and that you contend should be an additional deduction from under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses.	om your curren	t monthly d reflect your				
56	and welfare of you and your family and that you contend should be an additional deduction from under \$ 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description	om your curren l figures should Monthly A	t monthly d reflect your				
56	and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a.	om your currentl figures should Monthly A	t monthly d reflect your				
56	and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b.	om your currentl figures should Monthly A	t monthly d reflect your				
56	and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b. c.	Monthly A \$ \$	t monthly d reflect your				
56	and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b. c. C. Total: Add Lines a, b and c	Monthly A \$ \$ \$ \$	nt monthly d reflect your				
56	and welfare of you and your family and that you contend should be an additional deduction from income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All average monthly expense for each item. Total the expenses. Expense Description a. b. c.	Monthly A \$ \$ \$ \$	nt monthly d reflect your				

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.